

**North Dakota State Health Department  
Division of Emergency Medical Services  
EMT-Basic Practical Examination  
Complaint Form**

I wish to file a formal complaint based upon the following information to DEMS policy and procedure which was explained to me during the orientation phase of the examination process. I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) in Question \_\_\_\_\_

Summary of Circumstances: (You may use back side if necessary)

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Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Note: It is required that you stay on-site until a final decision is rendered by the Quality Assurance Committee. Do not leave the site under you have been contacted by the State EMS Testing Representative.

State EMS Testing Representative Receiving Complaint \_\_\_\_\_